



## STATE OF WASHINGTON Department of Ecology FEB 2 1 2012 APPLICATION FOR CHANGE/TRANSFER State Department OF WATER RIGHT Of Ecology (SME)

For filing with the Department of Ecology or with County Conservancy Boards

## A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

| (Check all that apply.)  ☐ Change purpose(s) of use ☐ Add purpose(s) of use ☐ Change point(s) of diversion/withdrawal ☐ Add point(s) of diversion/withdrawal ☐ Change/transfer place of use ☐ Other (i.e. consolidation, intertie, trust water)  Explain: Additional point of withdrawal for existing water for municipal supply purposes; wells are in same aquifer | <u>r.</u>  | CHANGE No RECOMPTED | BY SZ |
|--|------------|---|---|
| 1. Applicant Information:  |            |   |   |
| APPLICANT/BUSINESS NAME  |            | PHONE NO.   | FAX NO.   |
| Lakewood Water District  |            | (253) 588-4423  | (253) 588-7150  |
| ADDRESS  |            |   |   |
| PO Box 99729   |            | T   |   |
| Lakewood   |            | STATE<br>WA   | 2IP CODE<br>98496-0729  |
| Lakewood   |            | VVA   | 90490-0729  |
| CONTACT NAME (IF DIFFERENT FROM ABOVE)   |            | PHONE NO.   | FAX NO.   |
| Dave Hall  |            | (253) 588-4423  | (253) 588-7150  |
| ADDRESS  |            |   |   |
| PO Box 99729   |            |   |   |
| CITY   |            | STATE   | ZIP CODE  |
| Lakewood   | +          | WA  | 98496-0729  |
| 2. Water Right Information:  |            |   |   |
| WATER RIGHT OR CLAIM NUMBER  | RECORE     | DED NAME(S)   |   |
| C-1370-A   | Lakew      | ood Water District  |   |
| DO YOU OWN THE RIGHT TO BE CHANGED? YES NO   |            |   |   |
| IF NO, PROVIDE OWNER(S) NAME and ADDRESS:  |            |   |   |
| HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST F   | IVE (5) YE | ARS? XES NO   |   |
| Please attach copies of any documentation that den was established. Also, if you have a water system papplication.   |            |   |   |
| FOR OFFI APP. NO PERMIT NO CER   |            | ONLY (69-60<br>CERT. OF CHAI  |   |
|  |            |   |   |

| A. Exis   | nt(s) of Diver  |   |  |  |                         |   |   |  |   |
|---|---|---|--|--|-------------------------|---|---|--|---|
| A. EXI  | atina   |   |  |  |                         |   |   |  |   |
|   | SOURCE  | NO.   | 1/4  | 1/4                                    | SEC.                    | TWP.                                      | RGE.  | PARCEL#  | WELL TAG #                                      |
| Hipkins   |   | 1-1   | sw   | nw                                     | 34                      | 20N                                       | 02E   | 0220342009   | AON 785   |
| Прило   | vvoii 1   | -   | 311  |  |                         | 2011                                      | 022   | 02200 12000  | 7.011700  |
| B. Prop   | oosed   |   |  |  |                         |   |   | -  |   |
|   | SOURCE  | NO.   | 1/4  | 1/4                                    | SEC.                    | TWP.                                      | RGE.  | PARCEL#  | WELL TAG #                                      |
| Washin  | gton Blvd Well  | E-3   | SW   | nw                                     | 10                      | 19N                                       | 02E   | 0219102014   | ABS 158   |
|   |   |   |  |  |                         |   |   |  |   |
| EXISTING:   | WIN THE EXISTING AND  YES NO  nclude copies of all  | PROPOS  | ED: 🛛  | YES [                                  | NO – IF                 | NO, PRO                                   | /IDE OWNE                                     | ER(S) NAME:  | w the distance for                              |
| the near<br>No. 6 (re   | est section corner<br>emarks) or as an att<br>pose of Use:  | to the ab   | ove po   |  |                         |   |   |  |   |
|   | PURPOSE OF U  | SE  |  | GP                                     | M or CF                 | S ACR                                     | E-FT/YR                                       | PERIOD   | OF USE  |
| Municip   | al Supply   |   |  | 150                                    | 00                      | 119                                       | 3   | year-round   |   |
|   |   |   |  |  |                         |   | _   |  |   |
|   |   |   |  |  |                         |   |   |  |   |
|   |   |   |  |  |                         |   |   |  |   |
| 3. Pro  | nosod   |   |  |  |                         |   |   |  |   |
| J. 110  | PURPOSE OF U  | SF  |  | GP                                     | M or CFS                | s ACR                                     | E-FT/YR                                       | PERIOD   | OF USE  |
| no char   |   | <u>JL</u>   |  | Gr                                     | WI OI CI .              | 3 ACK                                     | L-1 1/1K                                      | TERIOD   | OI USL  |
| io oriai  | igo   |   |  |  |                         |   |   |  |   |
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| A. Exist Area se within can be Water may har  |   | od Wate<br>unty. Tl<br>aproved                      | er Distr<br>ne place<br>by the                     | ict and<br>e of u                      | throuse of thingto      | ugh inter<br>this wat<br>n State          | rties to o<br>er right<br>Departi             | is the service are<br>nent of Health. I  | ea described in RCW 90.03.386                   |
| Area se within contact the Water may har  | erved by Lakewoo<br>entral Pierce Cou<br>ter System Plan a<br>ve the effect of re   | od Wate<br>unty. Tl<br>aproved                      | er Distr<br>ne place<br>by the                     | ict and<br>e of u                      | throuse of thingto      | ugh inter<br>this wat<br>n State          | rties to o<br>er right<br>Departi             | other municipal was the service are ment of Health. I  | ea described in RCW 90.03.386                   |
| Area se within che Wat  | erved by Lakewoo<br>entral Pierce Cou<br>ter System Plan a<br>ve the effect of re   | od Wate<br>unty. Tl<br>aproved                      | er Distr<br>ne place<br>by the                     | ict and<br>ce of u<br>e Was<br>ce of u | throuse of hingtouse of | ugh inter<br>this wat<br>n State          | rties to o<br>er right<br>Departi             | other municipal was the service are ment of Health. I  | ea described in RCW 90.03.386                   |
| Area se vithin c he Wat may ha 0.03.3   | erved by Lakewood<br>entral Pierce Cou<br>ter System Plan a<br>ve the effect of re<br>86(2) are met.                            | od Wate<br>unty. Tl<br>aproved<br>evising t         | er Distr<br>ne place<br>by the<br>he pla           | ict and<br>ce of u<br>e Was<br>ce of u | throuse of hingtouse of | ugh inter<br>this waten State<br>this wa  | rties to o<br>er right<br>Departi             | other municipal wis the service are ment of Health. It is if the criteria in s   | ea described in<br>RCW 90.03.386<br>section RCW |
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| A. Existance Area servithin che Water may hare 90.03.3  | erved by Lakewood<br>entral Pierce Counter System Plan ave the effect of re<br>86(2) are met.    **BEC.**  WIN ALL THE LANDS IN | od Wate<br>unty. Tl<br>aproved<br>evising t         | er Distr<br>ne place<br>by the<br>he pla           | ict and<br>ce of u<br>e Was<br>ce of u | throuse of thingto      | ugh inter<br>this waten State<br>this war | rties to der right<br>Departiter right        | other municipal was the service are ment of Health. It is the criteria in service.   | # OF ACRES                                      |
| Area se vithin c he Wat may ha 90.03.3  | erved by Lakewood entral Pierce Couter System Plan ave the effect of re 86(2) are met.   NAME SEC.  WIN ALL THE LANDS IN POSED  | od Wate<br>unty. Tl<br>aproved<br>evising t<br>TWP. | er Distr<br>ne place<br>by the<br>che place<br>RGI | ict and<br>ce of u<br>e Was<br>ce of u | throuse of hingto       | Igh interthis wat n State this was        | ties to o<br>er right<br>Departi<br>ter right | other municipal was the service are ment of Health. It is the criteria in service are ment of Health. It is the criteria in service. | # OF ACRES                                      |
| A. Existance Area servithin che Water May hare 20.03.3  | erved by Lakewood entral Pierce Couter System Plan ave the effect of re 86(2) are met.    NA SEC.  WN ALL THE LANDS IN POSED    | od Wate<br>unty. Tl<br>aproved<br>evising t<br>TWP. | er Distr<br>ne place<br>by the<br>che place<br>RGI | ict and<br>ce of u<br>e Was<br>ce of u | throuse of hingto       | Igh interthis wat n State this was        | ties to o<br>er right<br>Departi<br>ter right | other municipal was the service are ment of Health. It is the criteria in service.   | # OF ACRES                                      |
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Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? YES NO - IF NO, PROVIDE OWNER(S) NAME:

| Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the Service    |   |
|---|---|
| 6. Remarks and Other Relevant Information: Lakewood Water District was recently made awa 1977 when the E-3 well constructed and brought an additional well for Certificate 88-A, but that wa in 1966. The E-3 well has been in operation since a Source Number (SO 5) and an ID Tag number aquifer as Hipkins Well I-1, approximately 2 miles simultaneously to add Well E-3 as an additional p 149-D (both associated with Well D-3), and Certificate and approximately 2 miles same aquifer.  | con-line. The E-3 well was incorrectly listed as later right was relinquished by the District like 1977 and assigned (ABS 158). The E-3 well is located in the same is away. Change applications have been filed point of withdrawal for Certificates 148-D and |
| IF FOR SEASONAL OR TEMPORARY, START DATE  | END DATE/   |
| of Revenue has requested notification of potential taxab with a copy of this request.   | x liability for the seller of the water rights. The Department ble water right related actions and therefore may be provided ther information. The phone number is (360) 570-3265.  |
| The address is: Department of Revenue, Real Estate Ex   |   |
| order to process my application, I am hereby gran<br>Conservancy Board access to the above site(s) for  | curate to the best of my knowledge. I understand that in<br>nting staff from the Department of Ecology or the County<br>inspection and monitoring purposes. If assisted in the<br>d that all responsibility for the accuracy of the information                 |
| Lakewood Water Dist (Applicant)   | 2/14/2012 (Date)  |
| Lakewood Water Distr<br>(Water Right Holder)  | rict 2/14/2012 (Date)   |
| Lakewood Water Distr<br>(Land Owner(s) of Existing Place of the contract of the c |   |
| IMPORTANT! APPLICATION FILING INF   | ORMATION IS PROVIDED ON THE NEXT PAGE.  |
| WE ARE RETURNING YOUR APPLICATION FOR T   | THE FOLLOWING REASON(S):  |
| ☐ APPLICATION FEE NOT ENCLOSED ☐ M  | MAP NOT INCLUDED or INCOMPLETE  |
| ☐ ADDITIONAL SIGNATURES REQUIRED ☐ SI   | ECTION IS INCOMPLETE  |
| OTHER/EXPLANATION:  |   |
| STAFF:  | DATE:/  |
|   |   |

## ATTACHMENT FOR APPLICATION FOR CHANGE

|      |             |           | NO.         | 1/4    | 1/4           | SEC      |        | TWP.  | RGE.      | PARCEL#          | WELL TAG    |
|------|-------------|-----------|-------------|--------|---------------|----------|--------|-------|-----------|------------------|-------------|
|      | SOURCE      |           | 110.        | 74     | 74            | - OL     | -      |       | IXOL.     | TAROLL II        | WELLING     |
|      |             |           |             |        |               |          |        | _     |           |                  |             |
|      |             |           |             |        |               |          |        |       |           |                  |             |
|      |             |           |             |        |               |          |        |       |           |                  |             |
|      |             |           |             |        |               |          |        |       |           |                  |             |
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|      |             |           |             |        |               | +        |        |       |           |                  |             |
|      |             |           |             |        |               |          |        |       |           |                  |             |
| YOU  | OWN THE ABO | OVE POINT | (S) OF DIVI | ERSION | I/WITHE       | RAWA     | L? [   | YES   | □ NO – IF | NO, PROVIDE OWNE | ER(S) NAME: |
| urpo | ose(s) o    | f Use -   |             | xistir |               | Prop     |        | T-    | RE-FT/YR  | PERIO            | D OF USE    |
|      | FURI        | 301 01 0  | 01          |        | -             | ) IVI OI | 51 5   | AON   | -1 11 11  | T LINIO          | D OI OOL    |
|      |             |           |             |        |               |          |        |       |           |                  |             |
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| lace | of Use      | - 🗆 Ex    | xisting     |        | ropo<br>LEGAL |          | IPTION | OF LA | NDS       |                  |             |
| lace | of Use      | - 🗆 Ex    | xisting     |        |               |          | IPTION | OF LA | NDS       |                  |             |
| lace | of Use      | - 🗆 Ex    | kisting     |        |               |          | IPTION | OF LA | NDS       |                  |             |
| lace | of Use      | ~ [ Ex    | kisting     |        |               |          | IPTION | OF LA | NDS       |                  |             |
| lace | of Use      | - [Ex     | kisting     |        |               |          | IPTION | OF LA | NDS       |                  |             |
| lace | of Use      | - DE      | kisting     |        |               |          | IPTION | OF LA | NDS       |                  |             |
| lace | of Use      | ~ [ E)    | kisting     |        |               |          | IPTION | OF LA | NDS       |                  |             |
| lace | of Use      | - DE      | xisting     |        |               |          | IPTION | OF LA | NDS       |                  |             |
| lace | of Use      | SEC.      | twp.        | 1      |               |          | COL    |       | NDS       | PARCEL#          | # OF ACRE   |
|      |             |           |             | 1      | LEGAL         |          |        |       | NDS       | PARCEL#          | # OF ACRI   |
| 1/4  | 1/4         | SEC.      | TWP.        | R      | EGAL GE.      | DESCR    | COL    | UNTY  |           | PARCEL#          |             |